

Information Summary and Recommendations

# Dental Assistants and Dental Hygienists Sunrise Review

November 1994  
(Revised January 1995)



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## **The Sunrise Review Process**

### **Legislative Intent**

It is the Legislature's intent to permit all qualified individuals to enter a health care profession. If there is an overwhelming need for the state to protect the public, then entry may be restricted. Where such a need to restrict entry and protect the public is identified, the regulation adopted should be set at the least restrictive level.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public can reasonably benefit from an assurance of initial and continuing professional ability; and
- The public cannot be protected by other more cost effective means.

There are three types of credentialing:

- *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practiced and, if required, a description of the service provided. A registrant could be subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
- *Certification.* A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
- *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

### **Overview of Proceedings**

The Department of Health notified the applicant group, all professional associations and board, committee, and commission chairs and staff of the Sunrise Review. Meetings and discussions were held and documents circulated to all interested parties.

Regulatory agencies in all other states were requested to provide sunrise reviews, regulatory standards, or other information which was useful in evaluating proposals to change the level of regulation for dental assistants and change the scope of practice of dental hygienists. A literature review was conducted. Staff have reviewed all submitted information and asked for feedback from interested parties.

A public hearing was conducted in Olympia. The hearing panel included department and State Board of Health staff. Persons were allowed to give time limited presentations. A general discussion and response period followed the hearing as well as an additional ten-day written comment period.

Following the public hearing and additional written comments, a recommendation was made based on all information received and in consultation with the public hearing panel. The applicant group and other interested parties were briefed on the draft recommendations. The proposed final draft was reviewed and approved by the Health System Quality Assurance Assistant Secretary and Department Secretary. The final report was transmitted to the Legislature via the Office of Financial Management.

## Executive Summary

### *Introduction*

In 1994, the House Health Care Committee forwarded several proposals to the Department for a sunrise review. Among them were two bills, one to regulate dental assistants at two levels (certification and licensure)(H-3952.1), and one to allow dental hygienists to practice independently with an increased scope of practice (HB 1856). Subsequent to the initial request, the Committee forwarded another version of the hygienist proposal. During the review process, the Washington State Dental Hygienists' Association drafted a bill which presented its version of dental assisting regulation.

### *Findings*

1. Those dental hygienists who currently practice unsupervised perform limited services in health care facilities such as nursing homes and hospitals. No evidence has been presented to indicate health problems resulting from this care.
2. Dental assistants are currently regulated only through the dentist's license (RCW 18.32.030(9)). Authorized procedures under close supervision are enumerated in the Washington Administrative Code (WAC 246-816-220). No evidence has been presented to indicate health problems resulting from this care. There was some indication that areas of responsibility are not clearly understood by all dentists and assistants or the public.
3. A career track for dental assistants would help to increase flexibility and efficiency in dental offices. Assistants can and should be allowed to do more, provided they have the education background. This can be accomplished through expanded delegation from the dentist. However, it is not possible to find that establishment of a "career track" as defined in the applicant's proposal is a "benefit to the public" within the sunrise criteria required to warrant licensure or other regulation.
4. Coursework for both dental assistants and hygienists varies from school to school, and between programs within the same school. This inhibits a person from moving from one profession to another.
5. Including dental hygienist and dental assistant representatives on the Dental Quality Assurance Commission will contribute to more effective program administration as well as understanding among the professions.

6. There are 4286 dentists in Washington state. It is unknown how many dental assistants are in the state. Estimates based on averages in other states indicated there are approximately 3400 dental assistants in Washington, 973 of whom are certified by the Dental Assisting National Board.
7. There are approximately 3700 dental hygienists licensed by Washington.

### *Recommendations*

1. The concepts of expanded functions for supervised assistants and unsupervised hygienist practice should be acted upon favorably. All changes should be presented in one piece of legislation (draft attached). Both HB1856 and H-3952 would need to be rewritten to implement both concepts successfully. The department recommends against passage of either bill in its present form.

Dental hygienists should be allowed to provide unsupervised dental hygiene care to patients as described under RCW 18.29.050 regardless of practice setting, under the conditions set forth under item 2 below.

The list of duties able to be performed by dental assistants under close supervision should be expanded to allow assistants to place restorative material, give oral injections, and perform tooth scaling as described in H-3952. These duties may only be delegated by a dentist (or hygienist in the case of scaling) if the assistant demonstrates successful completion of approved accredited post-secondary education programs specifically designed for those functions. The program content suggested by the Washington State Dental Assisting and Dental Associations in their applicant report should be used as models.

2. To practice unsupervised and independently, without scope of practice limitation, Washington licensed dental hygienists who have practiced under supervision of a dentist for at least two years, and meet other requirements, can obtain an "unsupervised practice endorsement" from the Department of Health.
3. Dental hygienists with unsupervised practice endorsements should be authorized to obtain and administer topical preventive agents, including topical fluoride, and topical and injectable local anesthetics. The administration of nitrous oxide or any other legend drug should continue to be prohibited.

4. For dental planning and dental treatment, dental hygienists should refer patients to licensed dentists, as proposed in HB 1856.
5. A dental hygienist performing dental hygiene services without supervision should notify the patient on forms adopted by the Dental Quality Assurance Commission that the services being provided are professional hygiene services and not professional dental services, as proposed in HB 1856.
6. Dental hygienists practicing restorative procedures should obtain a "restorative endorsement" from the department before a dentist delegates these services.
7. The Higher Education Coordinating Board, the Board for Community and Technical Colleges, in consultation with the Dental Quality Assurance Commission, and the various professional associations, should submit a plan to the legislature on standardizing coursework and program content -- as much as possible -- for assisting, hygiene and dental programs.
8. Dentists should be required to post notices within their offices that clearly indicate what procedures assistants may carry out. Expanded functions should be separately identified.
9. The Dental Hygiene Examining Committee should be incorporated into the Dental Quality Assurance Commission. Dental Assistants should also be represented. The following composition is recommended: 1 dental assistant, 3 dental hygienists, 3 public members, and 11 dentists.

## Special Preface

In 1989, an article appeared in the Canadian Dental Hygiene publication PROBE. It was written by Michele Darby, a professor in the Department of Dental Hygiene and Assisting at Old Dominion University in Virginia. Entitled "Collaborative Practice Model: The future of Dental Hygiene," it made the following observation about future needs for dental practice.

**"The promotion and delivery of oral health care requires a collaborative approach centering on the needs of the patient. Dentistry and dental hygiene should be partners in this endeavor. While no one can foresee the future, it seems that combining professional strengths may well be in the best interest of the public and our professions. Dentists and dental hygienists must be willing to listen and learn from each other, rather than relying on emotion and retaliation."**

## **Current Regulation**

There are approximately 3700 dental hygienists licensed by Washington state. They are regulated by the Department of Health and the Dental Hygiene Examining Board. Their scope of practice requires them to be supervised by a dentist, except in certain settings in which the services provided are themselves limited further. It is not known how many hygienists practice independently under current law.

As they are unregulated, there is not an accurate count of dental assistants in Washington state. There are about 970 dental assistants who are certified by the national organization; there are about 475 assistants and students who are members of the state organization. While not directly regulated, they may only be assigned certain tasks by the dentist under "close" supervision. Authority for the assignment of tasks is in WAC 246-816-220. Dentists' licenses are subject to discipline by the Dental Quality Assurance Commission for actions of assistants. There are 4286 dentists licensed by Washington state.

## **Proposal for Sunrise Review**

In 1994, the House Health Care Committee forwarded several proposals to the department for a sunrise review. Among them were two bills, one to regulate dental assistants at two levels (certification and licensure)(H-3952.1), and one to allow dental hygienists to practice independently with an increased scope of practice (HB 1856). Subsequent to the initial request, the Committee forwarded another version of the hygienist proposal. During the review process, the Washington State Dental Hygienists' Association drafted a bill which presented its version of dental assisting regulation.

The committee asked the department to look at these proposals not as separate reviews, but jointly. This was done: by looking at the issues presented in the context of dental care; by holding a joint public hearing; by centering the review on the issues, rather than the specific pieces of legislation; and by considering recommendations to be taken as a package of interrelated pieces.

The issues that the proposals addressed were primarily a "career track" for assistants, unsupervised practice by hygienists, and access to and quality of care.

The "sunrise" criteria (RCW 18.120) call for an assessment of the harm and benefit to the public of the proposals. The statute directs that if regulation is necessary, it should be at the least restrictive form, should not be duplicative, and should not be able to be carried out in a more effective manner than state involvement.

For these reviews, the department also considered how the proposals would affect -- positively or negatively -- the supply, distribution and utilization of all dental professionals under the "benefit to the public" criteria.

### **Summary of Information Collected/Submitted**

Department staff analyzed the information received during the review process. Some information was solicited from interested parties; other information was provided to the department without being solicited. This "Information Summary" section provides the department's paraphrasing of all such information. It does not reflect the department's findings, which are found in a later section of this report.

The department received dozens of letters from assistants, hygienists and dentists. Approximately 14 people testified and 47 people attended the public hearing.

Because of the number of proposals and rebuttals presented during the review, and in order to make presentation of the information easier to follow, this report will be summarized as follows. The major categories of "harm to the public," "benefit to the public," and "alternatives to regulation" will be used. Statements provided by the various parties, and from the department's literature search, will be summarized within each category. The heading in *italics* indicates the source of the information.

### **The Nature of Potential Harm to the Public**

*Washington State Dental Assisting Association/Washington State Dental Association*

#### **Credentialing of Dental Assistants**

The public is becoming more aware of infectious diseases in health settings and the importance of appropriate training. The WSDAA proposal will establish a mechanism to educate dental assistants to effectively address the changing disease patterns in oral health.

There is a shortage of qualified dental assistants, yet the demand for dental services will continue to grow. The loss of programs and students in dental assisting have reached crisis proportions, just when the new environment includes HIV, new technologies and new biomaterials that require more knowledgeable, better trained assistants on the dental team.

The result of passing the WSDAA proposal will be that dental offices will be allowed to develop increased flexibility to deliver care while ensuring that regulation of dental personnel is sufficient to maintain public safety.

Current statutes and regulations limit the use of dental staff members. This proposed legislation puts in place a mechanism to establish standards of education for the newly credentialed dental assistant. These standards will ensure patient safety and effective treatment.

*Washington State Dental Association*

#### Unsupervised Dental Hygienists

The services provided by hygienists, such as administration of local anesthetic agents and placement of restorative materials, require the presence of a dentist, and should not be unsupervised.

Assessment and planning of dental hygiene treatment is best completed by the licensed dentist. Licensed dentists are responsible for the diagnosis and examination of all patients. Dental hygiene education is not comprehensive enough to provide the skills necessary to make an adequate diagnosis and complete the necessary oral examinations.

*Washington State Dental Hygienists' Association*

#### Credentialing of Dental Assistants

Dental assisting procedures are invasive. Regulation is necessary to ensure a minimum level of competency for the most invasive procedures and a means to ensure adequate consumer recognition of different types of oral health professionals performing service in dental offices.

Additionally, licensing of academically trained dental assistants performing inter-oral services will assure the public of minimum qualifications. Registration will assure the public that non-academically qualified dental assistants will perform functions that are less invasive. Both levels of regulation will make it possible to reduce illegal activities by bringing all oral health care professions under the Uniform Disciplinary Act (UDA).

Dental assistants are supervised by dentists. Currently, a person with no training, as well as a person with certified dental assistant training and examination, is allowed to perform identical tasks under the same level of supervision. We are asking that regulation be required to insure consumer

safety. Furthermore, dental assistants who are not trained would be supervised and licensed dental assistants who are academically trained would be delegated duties within their scope of practice by either dentists or dental hygienists.

### Unsupervised Dental Hygienists

WSDHA believes that current regulation of dental hygiene practice is too restrictive, blocks the consumers' access to preventive services, and impedes the delivery of cost effective dental hygiene services to the citizens of Washington by creating an unnecessary monopoly. Current law restricts citizens from receiving preventive care, particularly in underserved populations, from dental hygienists, resulting in more costly restorative and periodontal care. The WSDHA proposes HB 1856 to alleviate this problem.

Between January 1, 1988 and January 26, 1994, only six disciplinary actions were taken against hygienists by the Department of Health, but none of these complaints were filed against a dental hygienist practicing unsupervised under RCW 18.29.056.

### *Department of Health Literature Search*

### Credentialing of Dental Assistants

Licensure is not appropriate if it serves primarily to satisfy the status expectations of practitioners, if it simply recognizes abilities and skills, or if it is aimed at protecting practitioners from unfair encroachment by other health professions (Position paper, 1976).

The issues or trends relevant to licensing, according to Nichols (1989) are: mandated benefits and third party reimbursement; fraudulent degrees; immunity clauses; composition of licensing boards; expanding scopes of practice; impaired professionals; and continuing competency.

There is no convincing evidence of a tie between licensure and competence (Kernaghan, 1976). In fact, licensure does not assure initial or subsequent competency of professionals. Research shows that a "perfectly competitive market" where all can participate is the optimal way to structure consumer-provider exchanges (Begun, 1990). In addition, "available research does not suggest that existing systems of regulation have effectively controlled initial or subsequent competency of professionals." (Gaumer, 1984).

Licensure serves as a protection of the scope of practice and this, in turn, usually creates a specific education route. But education costs money and licensure with its natural tendency to escalate education will increase costs (Shannon & Dietz, 1989; Moser, 1979; Lawson, 1989).

"The primary means of providing formal recognition for dental assistants is through national certification, in contrast to state or national licensure. Certification for dental assistants was established in 1948...." (Morganstein, 1989)

### Unsupervised Dental Hygienists

Regulation of dental care services had interested manpower regulation researchers and the Federal Trade Commission through the 1970s and 1980s, with a particular focus on the impact of restrictions on assistants and hygienists. (Begun & Feldman, 1990) Virtually all of the studies concluded that regulation is costly to consumers. Liang and Ogur (1987) found that restrictions on the number of hygienists per dentist, and the functions hygienists perform, resulted in a loss to consumer of \$700 million in 1982. They also found that the quality of service provided by auxiliaries was equal to that of dentists.

### **Benefit to the Public**

*Washington State Dental Assisting Association/Washington State Dental Association*

### Credentialing of Dental Assistants

It is important to note that the career track legislation is not being pursued because of any specific instances that have occurred. The problem being confronted is changing the dental profession so that it can effectively meet the changes in the health care market with greater flexibility. Part of that change is providing incentive to dental assistants so they stay in the profession. A career ladder for assistants provides those incentives.

Assistants are now performing procedures that involve radiation and blood and saliva. Elements of the legislation address assurances assistants will continue to be properly trained to perform these procedures.

The Department's Health Personnel Resource Plan (1993-95) recommended extensive use of alternative sites for educating individuals within the medical profession and the development of educational policies and guidelines on health career tracks to identify changes to positively effect student completion of these

tracks. So the concept of career track is not new to the department and has been endorsed to address personnel issues within the medical profession.

Education requirements for certified and licensed assistants under the WSDAA proposal will help the public be sure assistants are qualified to perform their assigned tasks.

*Washington State Dental Association*

#### Unsupervised Dental Hygienists

There is no benefit to the public from unsupervised dental hygienists. Increasing the settings in which this practice occurs will be a risk to the public. Hygienists are not adequately trained or educated to provide the most important, basic, fundamental service -- diagnosis. Only a dentist can do this.

Independent practice exists in only one other state, Colorado. Recent accounts are that only one hygienist is practicing independently under Colorado law. A California pilot project purports to bolster the argument for independent practice. But that study indicated no cost differences between independent hygienists and dentists.

It is not in the public's interest to approve of on-the-job training for the ability to examine and diagnose a patient's oral health, yet HB 1856 does just that by saying that in-office experience is sufficient to practice independently.

Licensing of dental hygienists is the best protection for the public because they perform invasive procedures. This is also the best argument against independent practice.

*Washington State Dental Hygienists' Association*

#### Credentialing of Dental Assistants

Registration would provide for access to persons in the profession in order to educate them, which could benefit the public. Licensure would also be of benefit to the public because education standards and examination would be required and standardization for the most invasive procedures. Employers of dental assistants would also be assured of minimum competency of dental assistants who are licensed and who perform the most invasive procedures.

Presently, disciplinary cases are pending against dentists who have directed dental assistants to perform illegal activities. Some of these cases are documented with the Department of Health. Other cases indicate where dental assistants made errors in patient care that resulted in harm to the patient and increased cost to the dentist.

The public could easily identify qualified practitioners if the registration and license documents were required to be displayed in a conspicuous place in the operation room, as required of dentists and hygienists.

### Unsupervised Dental Hygienists

Since the inclusion of expanded functions in 1971 and limited unsupervised practice in 1984, the safety record of dental hygienists in Washington has been without reported incidence or malpractice claims. Further, there is a proven safety record of hygienists who have been allowed to practice without supervision in Colorado and California.

It is the belief of WSDHA that access to dental hygiene preventive services would be increased if practice restrictions were lifted. A 1980 report of the Federal Trade Commission states that a 3-year investigation of the dental industry revealed "a compelling need for expanded access to preventive care, especially for the elderly, the poor, children, and all residents of rural areas." It also stated that "independent hygiene practice is a promising approach to the pressing need for expanded preventive dental care which deserves serious consideration by health policy makers" at all levels. The FTC also noted that "the fact that open competition sometimes makes it difficult for some individuals to do business successfully does not justify preventing an entire class from making an attempt."

It is estimated that only 50% of the population is able to access oral health care in the traditional office setting. If practitioners were able to provide preventive services in all settings, more people would have access to efficient, cost-effective oral health care.

*Department of Health, Community and Family Health Division*

### Credentialing of Dental Assistants

A primary objective stated by the WSDAA for creating credentialed dental assistants is to assure the public's safety by training assistants who must handle infectious and radiographic materials. The proposed legislation does not require a dental assistant to be certified or licensed; they may do so for career

advancement. Perhaps the law should require all persons who come in contact with blood or radiographic materials to be trained and/or credentialed.

### Unsupervised Dental Hygienists

Community and Family Health supports HB 1856. Dental hygienists are trained to provide preventive oral health services such as oral inspections and application of sealants. This bill will provide these services of dental hygienists for populations who find it difficult to access dental offices. Hygienists may treat low income populations in schools and other public settings utilizing portable equipment.

Recommendation is given to expand the general supervision functions of dental hygienists to include the assessment of teeth for sealant treatment. Literature supports this with statements such as: "Odontopathic organisms trapped below a sealant will decrease in number and remain quiescent while they are under sealants." Sealants have been shown to prevent caries and are cost efficient to the health care system. Dental sealants may be placed safely on a tooth following an assessment by a hygienist. This will allow public health programs to save the time and cost of hiring a dentist to diagnose teeth suitable for sealants.

### *Department of Health Literature Search*

### Unsupervised Dental Hygienists

Dr. Dunning, a professor of the Faculty of Dentistry, Harvard University, writes: "It is a serious oversimplification to suppose that diagnosis occurs only at one level and cannot be repeated or expanded. The highest diagnostic level, of course belongs to the fully trained dentist...Lower levels of diagnosis exist also -- the lowest of all being that of the layman who decides he needs dental treatment. At intermediate levels, the hygienist has long performed inspection, which is a form of diagnosis." (1988).

According to a report in the May-June 1993 Journal of Dentistry for Children, delegation of sealant placement significantly increases its quantity and efficiency. It encourages both dental assistants and hygienists to be able, through appropriate statutes, to place sealants. (Foreman) Other studies confirm that sealant placement by dentists, hygienists and assistants are comparable. Findings also suggest that dental auxiliaries, and in particular assistants, are underutilized for applying sealants. (Farghaly, et al, 1993; Feine, 1991).

## **Alternatives to Regulation**

### *Washington State Dental Assisting Association/Washington State Dental Association*

This legislation seeks to regulate the services provided by dental assistants if, and only if, those services can be expanded.

Registration does not adequately address the issues that inspired this legislation. Although a registrant is subject to the Uniform Disciplinary Act, being registered does nothing to provide the incentive for dental assistants to stay in the profession, does nothing to address long-term dental delivery needs, and does nothing to address training and education standards.

Certification does not adequately address the issues which inspired this legislation. In this legislation, certification is only a step in achieving the licensed designation. If dental assistants were only certified, they would have neither the education or training to contribute to the future demand on dental services.

### *Washington State Dental Hygienists' Association*

Dental hygienists are currently licensed. The issue is the unsupervised practice of hygienists. Absence of government regulation would not be viable due to potential and actual risks to the public of unqualified practitioners.

## Findings

1. Those dental hygienists who currently practice unsupervised perform limited services in health care facilities such as nursing homes and hospitals. No evidence has been presented to indicate health problems resulting from this care. Such practice is limited to removal of deposits and stains from surfaces of the teeth, application of topical preventive or prophylactic agents, polishing and smoothing restorations, root planing and soft tissue curettage. Injections of anesthetic agents, administration of nitrous oxide and diagnosis for dental treatment are prohibited in these settings. (RCW 18.29.056).
2. Dental assistants are currently regulated only through the dentist's license (RCW 18.32.030(9)). Authorized procedures under close supervision are enumerated in the Washington Administrative Code (WAC 246-816-220). No evidence has been presented to indicate health problems resulting from this care. In addition, some literature suggests dental assistants could be safely delegated additional tasks. Assistants are involved in invasive care only under close supervision of dentists. This close supervision negates the need for additional state regulation. However, there was some indication that areas of responsibility are not clearly understood by all dentists and assistants or the public.
3. A career track for dental assistants would help to increase flexibility and efficiency in dental offices. Assistants can and should be allowed to do more, provided they have the education background. This can be accomplished through expanded delegation from the dentist. However, it is not possible to find that establishment of a "career track" as defined in the applicant's proposal is a "benefit to the public" within the sunrise criteria required to warrant licensure or other regulation. There is a potential for a drop in the overall number of dental assistants and dental hygienists (as well as dentists) as the number of people seeking dental services increases. However, insufficient evidence was presented to indicate that the level of state regulation of these professionals can be empirically related to that potential imbalance or that there was public harm warranting some level of direct regulation. In addition, the 1997-1999 Health Personnel Resource Plan is expected to provide data on possible dental provider shortages.
4. Coursework for both dental assistants and hygienists varies from school to school, and between programs within the same school. This inhibits a person from moving from one profession to another. Standardizing course content and program requirements for each profession would remove this problem. Providing comparable courses to both assistant, hygienist, and

even dental students at the same time would encourage cross-fertilization of ideas, articulation, and help to further build a team concept in dental care. In fact, a "career track" could be developed within the higher education system without state credentialing of assistants.

5. Including dental hygienist and dental assistant representatives on the Dental Quality Assurance Commission will contribute to more effective program administration as well as understanding among the professions.
6. It is unknown how many dental assistants are in the state. Estimates based on averages in other states indicated there are approximately 3400 dental assistants in Washington, 973 of whom are certified by the Dental Assisting National Board. Approximately 25% of assistants work on a part-time basis. Ninety-eight percent of all graduates from dental assisting programs are women.
7. There are approximately 3700 licensed dental hygienists in Washington. It is unknown as to the exact number who practice unsupervised in limited settings as the statute does not require them to identify themselves to the department.

## Recommendations

1. The concepts of expanded functions for supervised assistants and unsupervised hygienist practice should be acted upon favorably. All changes should be presented in one piece of legislation (draft attached). Both HB1856 and H-3952 would need to be rewritten to implement both concepts successfully. The department recommends against passage of either bill in its present form.

Dental hygienists should be allowed to provide unsupervised dental hygiene care to patients as described under RCW 18.29.050 regardless of practice setting, under the conditions set forth under item 2 below. In addition, dental hygienists should be able to delegate tooth scaling to assistants as described in Section 9(3) of H-3952.

The list of duties able to be performed by dental assistants under close supervision should be expanded to allow assistants to place restorative material, give oral injections, and perform tooth scaling as described in Section 9(1)(2) and (3) of H-3952. These duties may only be delegated by a dentist (or hygienist in the case of scaling) if the assistant demonstrates successful completion of accredited post-secondary education programs

specifically designed for those functions. Such programs must be approved by the Dental Quality Assurance Commission. The program content suggested by the Washington State Dental Assisting and Dental Associations in their applicant report should be used as models.

Rationale:

- a. The public will benefit from increased access to dental hygiene services, especially for underserved areas and populations, and to dental assisting services.
  - b. Evidence indicates dental hygienists are qualified to provide these services without supervision, and have been doing so in limited settings. For example, there seems to be no justification for allowing unsupervised practice in a nursing home but not allowing a discharged nursing home patient to receive the identical care at home. Evidence also suggests that assistants can safely perform, under close supervision, functions from a designated list.
2. To practice unsupervised and independently, without scope of practice limitation, Washington licensed dental hygienists should obtain an "unsupervised practice endorsement" either with or without local anesthetic administration from the Department of Health. To obtain an endorsement with local anesthetic administration, hygienists should have to submit evidence of having: (1) attained local anesthetic administration education in an ADA accredited dental hygiene program, or its equivalent; (2) established emergency, health care provider referral, and patient record protocols; and (3) practiced under supervision of a dentist (including local anesthetic administration) for at least two years. To obtain an endorsement without local anesthetic administration, hygienists should have to submit evidence of having: (1) established emergency, health care provider referral, and patient record protocols; and (2) practiced under supervision of a dentist for at least two years.

Rationale:

- a. Allowing unsupervised practice without allowing the authority to administer local anesthetic restricts the practical benefit of unsupervised practice. Local anesthetic administration is a benefit to the public. However, it is not clear that all hygiene education programs, especially those from other states, adequately prepare hygienists for this responsibility. In addition, not all hygienists will want to use local anesthetics, so an option without that authority is necessary.

- b. HB 1856 proposed a two year practice requirement prior to obtaining the authority to practice unsupervised. This makes sense to help assure adequate experience.
  - c. As with other providers such as midwives, having emergency and provider referral protocols enables the department and the public to assure safety.
  - d. It is reasonable to expect all health care providers who practice independently to maintain satisfactory patient records. This protocol requirement will enable the department to properly monitor patient records.
  - e. To help assure quality of care, the department should be able to identify which providers are practicing unsupervised.
3. Dental hygienists with unsupervised practice endorsements should be authorized to obtain and administer topical preventive agents, including topical fluoride, and topical and injectable local anesthetics, which are legend drugs pursuant to chapter RCW 69.41. The administration of nitrous oxide or any other legend drug should continue to be prohibited. The Dental Quality Assurance Commission, after consultation with the Board of Pharmacy, should adopt rules to implement this function.

Rationale:

- a. In order to carry out unsupervised practice unimpeded, hygienists must be able to obtain fluoride and anesthetics. The appropriate statute must be amended to allow them to do this.
  - b. The Board of Pharmacy is the appropriate authority to work with the Dental Commission on this issue.
4. For dental planning and dental treatment, dental hygienists should refer patients to licensed dentists, as proposed in HB 1856.

Rationale:

- a. The dental hygienists' original proposal contained this provision.
- b. Hygienists are capable of determining what might be outside their scope of practice, and should refer those patients to physicians or dentists.

5. A dental hygienist performing dental hygiene services without supervision should notify the patient on forms adopted by the Dental Quality Assurance Commission that the services being provided are professional hygiene services and not professional dental services, as proposed in HB 1856.

Rationale:

- a. The hygienists' original proposal contained this provision.
  - b. Consumers deserve to clearly understand that the hygienists' scope of practice is limited in comparison to dentists, and that a dentist is the only one who can perform the full range of dental services. Requiring the hygienist to notify the patient about this in writing is not an unreasonable requirement and promotes the public's ability to make appropriate health care decisions.
6. Dental hygienists practicing restorative procedures should obtain a "restorative endorsement" from the department before a dentist delegates these services.

Rationale:

- a. Only a small percentage of hygienists perform restorative services, although it is authorized by their scope of practice.
  - b. Many out-of-state applicants do not have this training but must obtain it in order to become licensed in Washington, even if they don't plan on performing these services.
  - c. This change would facilitate out-of-state applicants obtaining a Washington license, which promotes access.
7. The Higher Education Coordinating Board, the Board for Community and Technical Colleges, in consultation with the Dental Quality Assurance Commission, and the various professional associations, should submit a plan to the legislature on standardizing coursework and program content -- as much as possible -- for assisting, hygiene and dental programs. Emphasis should be placed on mobility among schools and programs. This work should be completed prior to the 1996-97 school year.

Rationale:

- a. Requiring state licensure is not the proper way to design a career track. That responsibility properly rests with the professions and the higher education system.
  - b. There is a need for standardization of programs and course content among oral health care provider programs.
  - c. Standardization will facilitate movement from assisting into hygiene and/or dentistry.
8. Dentists should be required to post notices within their offices that clearly indicate what procedures assistants may carry out under the two levels of supervision. Expanded functions should be separately identified. Such posters should be comprehensive and easy to read, be visible to patients as well as dentists and assistants, and include the address and telephone number of the Dental Quality Assurance Commission.

Rationale:

Evidence that was presented indicates there is some confusion among both dentists and assistants as to what procedures dentists may delegate, under supervision, to assistants. Requiring dentists to post signs explaining the regulations and directing dentists, assistants and patients to the Commission for more information will help eliminate this confusion.

9. The Dental Hygiene Examining Committee should be incorporated into the Dental Quality Assurance Commission. Dental Assistants should also be represented. The following composition is recommended: 1 dental assistant, 3 dental hygienists, 3 public members, and 11 dentists.

Rationale:

- a. Isolating dental hygiene from the overall dental regulatory process detracts from the desire, expressed by all parties, to incorporate a "team approach" to dental care. While regulation of dental assisting occupies very little time and effort, the assisting viewpoint would be valuable on a variety of issues that may come before the Commission.
- b. Because a smaller number of Commission members would impede the department's ability to effectively handle disciplinary and other regulatory matters, we recommend a revamped Commission that includes the DHEC

maintain total membership at 18. The composition of the Commission reflects the distribution of the workload, with a predominance of cases related to dentists.

## Regulation in Other States (as reported to the Department of Health)

<b>DENTAL HYGIENIST</b>		
State	Status of Regulation	Comments
LA, CO, WI, NJ, TN, TX, NE, MN, MO, IA, GA, NM, NY, ND, OH, VT, VA, DC, WV, NE, CA	US	Direct, indirect or general supervision
MI	IPA	US for soft tissue curettage
FL	IPA	US for curettage
UT	IPL	Limited to homebound or institutional patients
HI	IPL	Limited to eleemosynary dental dispensaries, infirmaries, private schools, welfare centers and govt. offices
MT	IPL	Limited to public/private institutions, hospitals, extended care facilities, public clinics, board of health

\*All dental hygienists were reported as licensed

US - under supervision

IPA - independent practice, under assignment

IPL - independent practice, limited to settings

<b>DENTAL ASSISTANT</b>	
State	Status of Regulation
LA, MI, NJ, TN, HI, MN, VT, VA, WV	Registered
FL, NE, MO, NM, ND	Certified
CA	Unregulated, registered, registered w/extended duties
CO, WI, UT, MT, IA, GA, NY, OH, DC	None

PROPOSED AMENDMENTS TO  
H-3952.1 and HB 1856  
as recommended in the Department  
of Health's Sunrise Review (January 1995)

1       AN ACT Relating to provision of services by dentists, dental  
2   hygienists, and unlicensed persons; amending RCW 18.29.005, 18.29.021,  
3   18.29.045, 18.29.050, 18.29.120, 18.29.130, 18.29.140, 18.29.150,  
4   18.29.160, 18.29.180, 18.29.190, 18.29.210, 18.32.030, 18.32.0351,  
5   18.32.0355, 18.32.0357, 18.32.0358, 18.32.0365, 18.32.655, 19.68.010,  
6   and 19.68.030; adding new sections to chapter 18.29 RCW; adding a new  
7   section to chapter 18.32 RCW; repealing RCW 18.29.056, 18.29.110, and  
8   18.29.170; providing an effective date; providing an expiration date;  
9   and declaring an emergency.

10   BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

11       NEW SECTION.   **Sec. 1.**   A new section is added to chapter 18.29 RCW  
12   to read as follows:

13       The legislature finds that present law results in restricting the  
14   public's access to services provided by licensed dental hygienists.  
15   Dental hygienists currently have the authority to practice unsupervised  
16   in certain settings. The legislature further finds it is necessary to  
17   eliminate restrictions on unsupervised practice in order to promote  
18   public access and public health.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 18.29 RCW  
2 to read as follows:

3        A dental hygienist licensed under this chapter may obtain and  
4 administer topical fluoride and preventive agents and injectable and  
5 topical local anesthetics, which are legend drugs pursuant to chapter  
6 69.41 RCW.    The commission, after consultation with the board of  
7 pharmacy, shall adopt rules that authorize a dental hygienist to  
8 purchase and administer legend drugs and devices consistent with the  
9 provisions of this section.

10       **Sec. 3.**    RCW 18.29.005 and 1969 c 47 s 6 are each amended to read  
11 as follows:

12       (~~The term~~)    As used in this chapter, unless the context requires  
13 otherwise:

14       (1) "Commission" means the dental quality assurance commission  
15 established in RCW 18.32.0351.

16       (2) "Surfaces of the teeth" (~~(as used in this chapter)~~) means the  
17 portions of the crown and root surface to which there is no periodontal  
18 membrane attached.

19       **Sec. 4.**    RCW 18.29.021 and 1991 c 3 s 46 are each amended to read  
20 as follows:

21       (1) The department shall issue a license to any applicant who, as  
22 determined by the (~~secretary~~) commission:

23       (a) Has successfully completed an educational program approved by  
24 the (~~secretary~~) commission. This educational program shall include  
25 course work encompassing the subject areas within the scope of the  
26 license to practice dental hygiene in the state of Washington;

27       (b) Has successfully completed an examination administered by the  
28 (~~dental hygiene examining committee~~) commission; and

29       (c) Has not engaged in unprofessional conduct or is not unable to  
30 practice with reasonable skill and safety as a result of a physical or  
31 mental impairment.

32       (2) Applications for licensure shall be submitted on forms provided  
33 by the department. The department may require any information and  
34 documentation necessary to determine if the applicant meets the  
35 criteria for licensure as provided in this chapter and chapter 18.130  
36 RCW. Each applicant shall pay a fee determined by the secretary as

1 provided in RCW 43.70.250. The fee shall be submitted with the  
2 application.

3 **Sec. 5.** RCW 18.29.045 and 1991 c 3 s 47 are each amended to read  
4 as follows:

5 An applicant holding a valid license and currently engaged in  
6 practice in another state may be granted a license without examination  
7 required by this chapter, on the payment of any required fees, if the  
8 ~~((secretary in consultation with the advisory committee))~~ commission  
9 determines that the other state's licensing standards are substantively  
10 equivalent to the standards in this state: PROVIDED, That the  
11 ~~((secretary in consultation with the advisory committee))~~ commission  
12 may require the applicant to: (1) File with the secretary  
13 documentation certifying the applicant is licensed to practice in  
14 another state; and (2) provide information as the ~~((secretary))~~  
15 commission deems necessary pertaining to the conditions and criteria of  
16 the uniform disciplinary act, chapter 18.130 RCW and to demonstrate to  
17 the ~~((secretary))~~ commission a knowledge of Washington law pertaining  
18 to the practice of dental hygiene.

19 **Sec. 6.** RCW 18.29.050 and 1971 ex.s. c 235 s 1 are each amended to  
20 read as follows:

21 (1) Any person licensed as a dental hygienist in this state may  
22 remove deposits and stains from the surfaces of the teeth, may apply  
23 topical preventive or prophylactic agents, may polish and smooth  
24 restorations, may perform root planing and soft-tissue curettage, and  
25 may perform other dental operations and services delegated to them by  
26 a licensed dentist: PROVIDED HOWEVER, That licensed dental hygienists  
27 shall in no event perform the following dental operations or services:  
28 ~~((+1))~~ (a) Any surgical removal of tissue of the oral cavity;  
29 ~~((+2))~~ (b) Any prescription of drugs or medications requiring the  
30 written order or prescription of a licensed dentist or physician;  
31 ~~((+3))~~ (c) Any diagnosis for treatment or treatment planning; or  
32 ~~((+4))~~ (d) The taking of any impression of the teeth or jaw, or  
33 the relationships of the teeth or jaws, for the purpose of fabricating  
34 any intra-oral restoration, appliance, or prosthesis.

35 ~~((Such licensed dental hygienists may perform dental operations and  
36 services only under the supervision of a licensed dentist, and under  
37 such supervision may be employed by hospitals, boards of education of~~

~~public or private schools, county boards, boards of health, or public or charitable institutions, or in dental offices: PROVIDED, That the number of hygienists so employed in any dental office shall not exceed twice in number the licensed dentists practicing therein.))~~

(2) Such licensed dental hygienists may perform services under this chapter either under the supervision of a dentist or unsupervised after obtaining an unsupervised practice endorsement from the commission.

(3) To obtain an unsupervised practice endorsement, a hygienist must provide to the commission satisfactory evidence of: (a) Having established emergency, health care provider referral, and patient record protocols; and (b) having practiced for at least two years under supervision of a licensed dentist.

(4) To obtain an unsupervised practice endorsement with authority to administer local anesthetic, a hygienist must provide to the commission satisfactory evidence of: (a) Having attained local anesthetic administration education that includes drug interaction coursework, in an accredited dental hygiene program, or its equivalent; (b) having established emergency, health care provider referral, and patient record protocols; and (c) having practiced, including local anesthetic administration, for at least two years, under supervision of a licensed dentist. Protocols should include such things as when to refer patients to a dentist prior to administering local anesthetics, and how to avoid emergencies by identifying which patients are not suitable for local anesthetics.

(5) A dental hygienist performing dental hygiene services without supervision as authorized in this section shall notify the patient on forms adopted by the commission that the services being provided are not dental services.

(6) For dental planning and dental treatment, dental hygienists shall refer patients to licensed dentists.

(7) A dentist may not delegate to a licensed dental hygienist restorative services as defined in section 7 of this act unless the dental hygienist has been issued a license endorsement for such services.

**NEW SECTION. Sec. 7.** A new section is added to chapter 18.29 RCW to read as follows:

To obtain a restorative services endorsement, a dental hygienist must meet education requirements and demonstrate proficiency to the

1 satisfaction of the commission. Persons licensed before the effective  
2 date of this section shall be issued an endorsement for restorative  
3 services.

4 **Sec. 8.** RCW 18.29.120 and 1991 c 3 s 52 are each amended to read  
5 as follows:

6 The (~~secretary in consultation with the Washington dental hygiene~~  
7 ~~examining committee~~) dental quality assurance commission shall:

8 (1) Adopt rules in accordance with chapter 34.05 RCW necessary to  
9 prepare and conduct examinations for dental hygiene licensure;

10 (2) Require an applicant for licensure to pass an examination  
11 consisting of written and practical tests upon such subjects and of  
12 such scope as the (~~committee~~) commission determines;

13 (3) Set the standards for passage of the examination;

14 (4) Administer at least two examinations each calendar year (~~in~~  
15 ~~conjunction with examinations for licensure of dentists under chapter~~  
16 ~~18.32 RCW~~). Additional examinations may be given as necessary; and

17 (5) Establish by rule the procedures for an appeal of an  
18 examination failure.

19 **Sec. 9.** RCW 18.29.130 and 1991 c 3 s 53 are each amended to read  
20 as follows:

21 In addition to any other authority provided by law, the secretary  
22 may:

23 (1) Adopt rules in accordance with chapter 34.05 RCW necessary to  
24 implement this chapter;

25 (2) Establish forms necessary to administer this chapter;

26 (3) (~~Issue a license to any applicant who has met the education~~  
27 ~~and examination requirements for licensure and deny a license to~~  
28 ~~applicants who do not meet the minimum qualifications for licensure.~~  
29 ~~Proceedings concerning the denial of licenses based on unprofessional~~  
30 ~~conduct or impaired practice shall be governed by the uniform~~  
31 ~~disciplinary act, chapter 18.130 RCW;~~

32 ~~(4))~~ Employ clerical, administrative, and investigative staff as  
33 needed to implement and administer this chapter and hire individuals,  
34 including those licensed under this chapter, to serve as examiners or  
35 consultants as necessary to implement and administer this chapter; and

36 ~~((5))~~ (4) Maintain the official departmental record of all  
37 applicants and licensees(~~(7~~

~~(6) Establish, by rule, the minimum education requirements for licensure, including but not limited to approval of educational programs; and~~

~~(7) Establish and implement by rule a continuing education program).~~

**Sec. 10.** RCW 18.29.140 and 1991 c 3 s 54 are each amended to read as follows:

The ((~~secretary~~)) commission shall establish by rule the standards and procedures for approval of educational programs and may contract with individuals or organizations having expertise in the profession or in education ((~~to report to the secretary information necessary for the secretary~~)) to evaluate the educational programs. The secretary may establish a fee for educational program evaluation. The fee shall be set to defray the administrative costs for evaluating the educational program, including, but not limited to, costs for site evaluation.

**Sec. 11.** RCW 18.29.150 and 1991 c 3 s 55 are each amended to read as follows:

(1) The ((~~secretary~~)) commission shall establish the date and location of the examination. Applicants who meet the education requirements for licensure shall be scheduled for the next examination following the filing of the application. The ((~~secretary~~)) commission shall establish by rule the examination application deadline.

(2) The examination shall contain subjects appropriate to the scope of practice and on laws in the state of Washington regulating dental hygiene practice.

(3) The ((~~committee~~)) commission shall establish by rule the requirements for a reexamination if the applicant has failed the examination.

(4) The ((~~committee~~)) commission may approve an examination prepared or administered by a private testing agency or association of licensing authorities.

**Sec. 12.** RCW 18.29.160 and 1991 c 3 s 56 are each amended to read as follows:

The secretary, members of the ((~~committee~~)) commission, and individuals acting on their behalf are immune from suit in any action,

1 civil or criminal, based on any acts performed in the course of their  
2 duties.

3       **Sec. 13.** RCW 18.29.180 and 1991 c 3 s 57 are each amended to read  
4 as follows:

5       The following practices, acts, and operations are excepted from the  
6 operation of this chapter:

7       (1) The practice of dental hygiene in the discharge of official  
8 duties by dental hygienists in the United States armed services, coast  
9 guard, public health services, veterans' bureau, or bureau of Indian  
10 affairs;

11       (2) Dental hygiene programs approved by the ((~~secretary~~))  
12 commission and the practice of dental hygiene by students in dental  
13 hygiene programs approved by the ((~~secretary~~)) commission, when acting  
14 under the direction and supervision of persons licensed under chapter  
15 18.29 or 18.32 RCW acting as instructors.

16       **Sec. 14.** RCW 18.29.190 and 1993 c 323 s 2 are each amended to read  
17 as follows:

18       (1) The department shall issue a temporary license without the  
19 examination required by this chapter to any applicant who, as  
20 determined by the ((~~secretary~~)) commission:

21       (a) Holds a valid license in another state that allows the scope of  
22 practice in subsection (3) (a) through (j) of this section;

23       (b) Is currently engaged in active practice in another state. For  
24 the purposes of this section, "active practice" means five hundred  
25 sixty hours of practice in the preceding twenty-four months;

26       (c) Files with the secretary documentation certifying that the  
27 applicant:

28       (i) Has graduated from an accredited dental hygiene school approved  
29 by the ((~~secretary~~)) commission;

30       (ii) Has successfully completed the dental hygiene national board  
31 examination; and

32       (iii) Is licensed to practice in another state;

33       (d) Provides information as the ((~~secretary~~)) commission deems  
34 necessary pertaining to the conditions and criteria of the uniform  
35 disciplinary act, chapter 18.130 RCW;

1 (e) Demonstrates to the ((secretary)) commission a knowledge of  
2 Washington state law pertaining to the practice of dental hygiene,  
3 including the administration of legend drugs;

4 (f) Pays any required fees; and

5 (g) Meets requirements for AIDS education.

6 (2) The term of the temporary license issued under this section is  
7 eighteen months and it is nonrenewable.

8 (3) A person practicing with a temporary license granted under this  
9 section has the authority to perform hygiene procedures that are  
10 limited to:

11 (a) Oral inspection and measuring of periodontal pockets;

12 (b) Patient education in oral hygiene;

13 (c) Taking intra-oral and extra-oral radiographs;

14 (d) Applying topical preventive or prophylactic agents;

15 (e) Polishing and smoothing restorations;

16 (f) Oral prophylaxis and removal of deposits and stains from the  
17 surface of the teeth;

18 (g) Recording health histories;

19 (h) Taking and recording blood pressure and vital signs;

20 (i) Performing subgingival and supragingival scaling; and

21 (j) Performing root planing.

22 (4) (a) A person practicing with a temporary license granted under  
23 this section may not perform the following dental hygiene procedures  
24 unless authorized in (b) or (c) of this subsection:

25 (i) Give injections of local anesthetic;

26 (ii) Place restorations into the cavity prepared by a licensed  
27 dentist and afterwards carve, contour, and adjust contacts and  
28 occlusion of the restoration;

29 (iii) Soft tissue curettage; or

30 (iv) Administer nitrous oxide/oxygen analgesia.

31 (b) A person licensed in another state who can demonstrate  
32 substantively equivalent licensing standards in the administration of  
33 local anesthetic may receive a temporary endorsement to administer  
34 local anesthesia.

35 (c) A person licensed in another state who can demonstrate  
36 substantively equivalent licensing standards in restorative procedures  
37 may receive a temporary endorsement for restorative procedures.

1       **Sec. 15.** RCW 18.29.210 and 1993 c 323 s 4 are each amended to read  
2 as follows:

3       The (~~secretary in consultation with the dental hygiene examining~~  
4 ~~committee~~) commission shall develop rules and definitions to implement  
5 this chapter.

6       **NEW SECTION. Sec. 16.** A new section is added to chapter 18.32 RCW  
7 to read as follows:

8       (1) Unlicensed persons may practice one or all of the following  
9 expanded duties, after meeting requirements set forth in subsection (2)  
10 of this section:

11       (a) Under the close supervision of a dentist, place restorative  
12 material into a cavity prepared by the dentist and thereafter carve,  
13 contour, and adjust contacts and occlusions of the restoration, and  
14 cement or recement stainless steel crowns. This expanded function  
15 requires coursework and ability in such subjects as dental anatomy,  
16 restorative materials, and restorative techniques;

17       (b) Under the close supervision of a dentist, give oral injections  
18 of local anesthetic. This expanded function requires coursework and  
19 ability in such subjects as head and neck anatomy, pharmacology, and  
20 local anesthesia; and

21       (c) Under the close supervision of a dentist or dental hygienist,  
22 perform supragingival tooth scaling and polishing on patients with  
23 either periodontally healthy mouths or localized plaque-induced  
24 gingivitis and exhibiting no significant complicating systemic medical  
25 disease or disorder. This expanded function requires coursework and  
26 ability in subjects such as periodontal orientation, oral pathology,  
27 and clinical techniques.

28       (2) To carry out expanded duties, unlicensed persons must  
29 demonstrate to the supervising dentist or dental hygienist successful  
30 completion of an accredited postsecondary education program that: (a)  
31 Was designed to provide adequate training for expanded duties; and (b)  
32 has been approved by the commission. The dentist or dental hygienist  
33 shall also assure that unlicensed persons carrying out expanded duties  
34 meet standards of proficiency in infection control and radiology, as  
35 determined by the commission. The commission may set other  
36 requirements by rule.

37       (3) The commission may consider adding duties to those that may be  
38 assigned to unlicensed persons under close supervision of a dentist or

1 dental hygienist, provided that the commission puts into place  
2 assurances that the dentist or dental hygienist can determine that the  
3 unlicensed person carrying out that function has the education and  
4 ability to carry out the assigned task.

5       **Sec. 17.** RCW 18.32.030 and 1994 sp.s. c 9 s 203 are each amended  
6 to read as follows:

7       The following practices, acts, and operations are excepted from the  
8 operation of the provisions of this chapter:

9       (1) The rendering of dental relief in emergency cases in the  
10 practice of his or her profession by a physician or surgeon, licensed  
11 as such and registered under the laws of this state, unless the  
12 physician or surgeon undertakes to or does reproduce lost parts of the  
13 human teeth in the mouth or to restore or to replace in the human mouth  
14 lost or missing teeth;

15       (2) The practice of dentistry in the discharge of official duties  
16 by dentists in the United States federal services on federal  
17 reservations, including but not limited to the armed services, coast  
18 guard, public health service, veterans' bureau, or bureau of Indian  
19 affairs;

20       (3) Dental schools or colleges approved under RCW 18.32.040, and  
21 the practice of dentistry by students in Washington state dental  
22 schools or colleges approved by the commission, when acting under the  
23 direction and supervision of Washington state-licensed dental school  
24 faculty;

25       (4) The practice of dentistry by licensed dentists of other states  
26 or countries while appearing as clinicians at meetings of the  
27 Washington state dental association, or component parts thereof, or at  
28 meetings sanctioned by them, or other groups approved by the  
29 commission;

30       (5) The use of roentgen and other rays for making radiographs or  
31 similar records of dental or oral tissues, under the supervision of a  
32 licensed dentist or physician;

33       (6) The making, repairing, altering, or supplying of artificial  
34 restorations, substitutions, appliances, or materials for the  
35 correction of disease, loss, deformity, malposition, dislocation,  
36 fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or  
37 associated tissues or parts; providing the same are made, repaired,  
38 altered, or supplied pursuant to the written instructions and order of

1 a licensed dentist which may be accompanied by casts, models, or  
2 impressions furnished by the dentist, and the prescriptions shall be  
3 retained and filed for a period of not less than three years and shall  
4 be available to and subject to the examination of the secretary or the  
5 secretary's authorized representatives;

6 (7) The removal of deposits and stains from the surfaces of the  
7 teeth, the application of topical preventative or prophylactic agents,  
8 and the polishing and smoothing of restorations, when performed or  
9 prescribed by a dental hygienist licensed under the laws of this state;

10 (8) A qualified and licensed physician and surgeon or osteopathic  
11 physician and surgeon extracting teeth or performing oral surgery  
12 pursuant to the scope of practice under chapter 18.71 or 18.57 RCW;

13 (9) The performing of dental operations or services by persons not  
14 licensed under this chapter when performed under the supervision of a  
15 licensed dentist: PROVIDED HOWEVER, That such nonlicensed person shall  
16 in no event perform the following dental operations or services unless  
17 permitted to be performed by the person under this chapter or chapters  
18 18.29, 18.57, 18.71, and 18.79 RCW as it applies to registered nurses  
19 and advanced registered nurse practitioners:

20 (a) Any removal of or addition to the hard or soft tissue of the  
21 oral cavity;

22 (b) Any diagnosis of or prescription for treatment of disease,  
23 pain, deformity, deficiency, injury, or physical condition of the human  
24 teeth or jaws, or adjacent structure;

25 (c) Any administration of general ~~((or injected local anaesthetic~~  
26 ~~of any nature in connection with a dental operation, including))~~  
27 anesthetic or intravenous sedation;

28 (d) Any oral prophylaxis except for scaling and polishing as  
29 described under section 16 of this act and as delegated by dentists or  
30 dental hygienists to unlicensed persons;

31 (e) The taking of any impressions of the teeth or jaw or the  
32 relationships of the teeth or jaws, for the purpose of fabricating any  
33 intra-oral restoration, appliance, or prosthesis.

34 **Sec. 18.** RCW 18.32.0351 and 1994 sp.s. c 9 s 204 are each amended  
35 to read as follows:

36 The Washington state dental quality assurance commission is  
37 established, consisting of ~~((fourteen))~~ eighteen members, each  
38 appointed by the governor to a four-year term. No member may serve

1 more than two consecutive full terms. In appointing the initial  
2 members of the commission, it is the intent of the legislature that, to  
3 the extent possible, members of the previous boards and committees  
4 regulating ~~((these professions))~~ dental hygiene and dentistry be  
5 appointed to the commission. Members of the commission hold office  
6 until their successors are appointed. The governor may appoint members  
7 of the initial commission to staggered terms of from one to four years.  
8 Thereafter, all members shall be appointed to full four-year terms.  
9 ~~((Twelve))~~ Eleven members of the commission must be dentists ~~((and~~  
10 ~~two))~~, three members must be dental hygienists, three members must be  
11 public members, and one member must represent unlicensed persons  
12 working in dental offices, commonly known as dental assistants.

13 **Sec. 19.** RCW 18.32.0355 and 1994 sp.s. c 9 s 206 are each amended  
14 to read as follows:

15 Members must be citizens of the United States and residents of this  
16 state. Dentist members must be licensed dentists in the active  
17 practice of dentistry for a period of five years before appointment.  
18 Of the ~~((twelve))~~ eleven dentists appointed to the commission, at least  
19 four must reside and engage in the active practice of dentistry east of  
20 the summit of the Cascade mountain range. Public members of the  
21 commission may not be a member of any other health care licensing board  
22 or commission, or have a fiduciary obligation to a facility rendering  
23 health services regulated by the commission, or have a material or  
24 financial interest in the rendering of health services regulated by the  
25 commission. Each dental hygiene member shall be licensed and have been  
26 actively practicing dental hygiene for a period of five years  
27 immediately before appointment and shall not be connected with any  
28 dental hygiene school.

29 **Sec. 20.** RCW 18.32.0357 and 1994 sp.s. c 9 s 207 are each amended  
30 to read as follows:

31 (1) The commission shall elect officers each year. Meetings of the  
32 commission are open to the public, except the commission may hold  
33 executive sessions to the extent permitted by chapter 42.30 RCW. The  
34 secretary of health shall furnish such secretarial, clerical, and other  
35 assistance as the commission may require.

36 (2) A majority of the commission members appointed and serving  
37 constitutes a quorum for the transaction of commission business. The

1 affirmative vote of a majority of a quorum of the commission is  
2 required to carry a motion or resolution, to adopt a rule, or to pass  
3 a measure.

4 (3) The commission may appoint members of panels consisting of not  
5 less than three members. A quorum for transaction of any business  
6 shall be a minimum of three members. A majority vote of a quorum of  
7 the panel is required to transact business delegated to it by the  
8 commission.

9 (4) The members of the commission are immune from suit in an  
10 action, civil or criminal, based upon its disciplinary proceedings or  
11 other official acts performed in good faith as members of the  
12 commission.

13 (5) The commission may, whenever the workload of the commission  
14 requires, request that the secretary appoint pro tempore members.  
15 While serving as members pro tempore persons have all the powers,  
16 duties, and immunities, and are entitled to the emoluments, including  
17 travel expenses, of the commission.

18 (6) The commission shall prepare or determine the nature of the  
19 examinations for applicants to practice dentistry and applicants to  
20 practice dental hygiene.

21 (7) The attorney general shall advise the commission and represent  
22 it in all legal proceedings.

23 (8) The commission shall establish and implement by rule a  
24 continuing education program for dental hygiene.

25 **Sec. 21.** RCW 18.32.0358 and 1994 sp.s. c 9 s 226 are each amended  
26 to read as follows:

27 The commission is the successor in interest of the board of dental  
28 examiners and the dental disciplinary board. All contracts,  
29 undertakings, agreements, rules, regulations, and policies continue in  
30 full force and effect on July 1, 1994, unless otherwise repealed or  
31 rejected by chapter 9, Laws of 1994 sp. sess. or by the commission.  
32 The commission is the successor in interest of the dental hygiene  
33 examining committee. All contracts, undertakings, agreements, rules,  
34 regulations, and policies continue in full force and effect on July 1,  
35 1995, unless otherwise repealed or rejected by chapter . . . , Laws of  
36 1995 (this act) or by the commission.

1       **Sec. 22.** RCW 18.32.0365 and 1994 sp.s. c 9 s 210 are each amended  
2 to read as follows:

3       The commission may adopt rules in accordance with chapter 34.05 RCW  
4 to implement chapter 18.29 RCW, this chapter, and chapter 18.130 RCW.

5       **Sec. 23.** RCW 18.32.655 and 1994 sp.s. c 9 s 222 are each amended  
6 to read as follows:

7       The commission shall:

8       (1) Require licensed dentists to keep and maintain a copy of each  
9 laboratory referral instruction, describing detailed services rendered,  
10 for a period to be determined by the commission but not more than three  
11 years, and may require the production of all such records for  
12 examination by the commission or its authorized representatives;  
13 ((and))

14       (2) Adopt reasonable rules requiring licensed dentists to make,  
15 maintain, and produce for examination by the commission or its  
16 authorized representatives such other records as may be reasonable and  
17 proper in the performance of its duties and enforcing the provisions of  
18 this chapter; and

19       (3) Require dentists and dental hygienists to post notices within  
20 their offices that clearly indicate what procedures unlicensed persons  
21 may carry out under supervision. Expanded functions should be  
22 separately identified. Such posters should be comprehensive and easy  
23 to read, be visible to patients as well as dentists, hygienists, and  
24 assistants, and include the address and telephone number of the dental  
25 quality assurance commission.

26       **Sec. 24.** RCW 19.68.010 and 1993 c 492 s 233 are each amended to  
27 read as follows:

28       It shall be unlawful for any person, . firm, corporation or  
29 association, whether organized as a cooperative, or for profit or  
30 nonprofit, to pay, or offer to pay or allow, directly or indirectly, to  
31 any person licensed by the state of Washington to engage in the  
32 practice of medicine and surgery, drugless treatment in any form,  
33 dentistry, dental hygiene, or pharmacy and it shall be unlawful for  
34 such person to request, receive or allow, directly or indirectly, a  
35 rebate, refund, commission, unearned discount or profit by means of a  
36 credit or other valuable consideration in connection with the referral  
37 of patients to any person, firm, corporation or association, or in

1 connection with the furnishings of medical, surgical or dental care,  
2 including dental hygiene, diagnosis, treatment or service, on the sale,  
3 rental, furnishing or supplying of clinical laboratory supplies or  
4 services of any kind, drugs, medication, or medical supplies, or any  
5 other goods, services or supplies prescribed for medical diagnosis,  
6 care or treatment. Ownership of a financial interest in any firm,  
7 corporation or association which furnishes any kind of clinical  
8 laboratory or other services prescribed for medical, surgical, or  
9 dental diagnosis shall not be prohibited under this section where (1)  
10 the referring practitioner affirmatively discloses to the patient in  
11 writing, the fact that such practitioner has a financial interest in  
12 such firm, corporation, or association; and (2) the referring  
13 practitioner provides the patient with a list of effective alternative  
14 facilities, informs the patient that he or she has the option to use  
15 one of the alternative facilities, and assures the patient that he or  
16 she will not be treated differently by the referring practitioner if  
17 the patient chooses one of the alternative facilities.

18 Any person violating the provisions of this section is guilty of a  
19 misdemeanor.

20 **Sec. 25.** RCW 19.68.030 and 1965 ex.s. c 58 s 3 are each amended to  
21 read as follows:

22 The license of any person so licensed may be revoked or suspended  
23 if he has directly or indirectly requested, received or participated in  
24 the division, transference, assignment, rebate, splitting or refunding  
25 of a fee for, or has directly or indirectly requested, received or  
26 profited by means of a credit or other valuable consideration as a  
27 commission, discount or gratuity in connection with the furnishing of  
28 medical, surgical or dental care, including dental hygiene, diagnosis  
29 or treatment or service, including x-ray examination and treatment, or  
30 for or in connection with the sale, rental, supplying or furnishing of  
31 clinical laboratory service or supplies, x-ray services or supplies,  
32 inhalation therapy service or equipment, ambulance service, hospital or  
33 medical supplies, physiotherapy or other therapeutic service or  
34 equipment, artificial limbs, teeth or eyes, orthopedic or surgical  
35 appliances or supplies, optical appliances, supplies or equipment,  
36 devices for aid of hearing, drugs, medication or medical supplies or  
37 any other goods, services or supplies prescribed for medical diagnosis,  
38 care or treatment, except payment, not to exceed thirty-three and one-

1 third percent of any fee received for x-ray examination, diagnosis or  
2 treatment, to any hospital furnishing facilities for such examination,  
3 diagnosis or treatment.

4 NEW SECTION. **Sec. 26.** The following acts or parts of acts are  
5 each repealed:

- 6 (1) RCW 18.29.056 and 1984 c 279 s 63;  
7 (2) RCW 18.29.110 and 1991 c 3 s 51 & 1989 c 202 s 3; and  
8 (3) RCW 18.29.170 and 1989 c 202 s 9.

9 NEW SECTION. **Sec. 27.** Section 14 of this act shall expire January  
10 1, 1998.

11 NEW SECTION. **Sec. 28.** This act is necessary for the immediate  
12 preservation of the public peace, health, or safety, or support of the  
13 state government and its existing public institutions, and shall take  
14 effect July 1, 1995.

--- END ---

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## **Participant List**

Jane Beyer, House of Representatives  
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Laurie Frownfelter, Washington State Dental Hygienist Association  
Sharon Golightly, Pierce College  
Dean Hogan  
Dave Broderick, Washington State Hospital Association  
Denise Boyd, Dental Hygiene Exam Committee  
Cecily Fosso, Washington State Dental Hygienist Association  
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Colleen P. Gaylord, Dental Hygiene Exam Committee  
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Rhoda Jones, Senate Health & Human Services Committee  
Joanne Linville, Bellingham Technical College  
Joan Martin, South Puget Sound Community College  
Donna Phinney  
Betty Sherman, Dental Hygiene Exam Committee  
Nancy Southwick, Washington State Dental Hygienist Association  
Dorothy Yamamoto  
Deborah Sary  
Trina Poulsen, Washington State Dental Hygienist Association  
Don Williams, Board of Pharmacy  
Jeff Larsen, Washington State Dental Hygienist Association  
Shawna Brown, Washington Health

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Steve Boruchowitz, Department of Health  
Frank Chestnut, Department of Health  
Deb Fisher, Higher Education Coordinating Board  
Barbara Howard, Public Member  
Sue Shoblom, Department of Health  
Michael Aoki-Kramer, Board of Health

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HOUSE BILL 1856

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State of Washington                      53rd Legislature                      1993 Regular Session

By Representatives Thibaudeau, Brough, Morris, Campbell, Anderson,  
Romero, Edmondson, Jones, Appelwick and Shin

Read first time 02/12/93. Referred to Committee on Health Care.

WASHINGTON STATE DENTAL HYGIENE ASSOCIATION PROPOSAL

1        AN ACT Relating to licensed dental hygienists; adding new sections  
2 to chapter 18.29 RCW; creating a new section; and providing an  
3 effective date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5        NEW SECTION.    Sec. 1.    The legislature finds that present law  
6 results in restricting the public's access to services provided by  
7 licensed dental hygienists as defined in chapter 18.29 RCW.    The  
8 legislature finds it necessary to eliminate restrictions in current law  
9 to promote public access to services provided by licensed dental  
10 hygienists.

11        NEW SECTION.    Sec. 2.    A new section is added to chapter 18.29 RCW  
12 to read as follows:

13        A dental hygienist licensed under this chapter, who has two years'  
14 practical clinical experience with a licensed dentist within the  
15 preceding five years, may perform dental hygiene services without the  
16 supervision of a dentist.    These services shall be limited to removal  
17 of deposits and stains from the surfaces of the teeth, application of  
18 topical preventive or prophylactic agents, polishing and smoothing of

restorations, assessment and treatment planning for dental hygiene services, injections of local anaesthetic agents for dental hygiene treatment, and root planing and soft tissue curettage. For dental planning and dental treatment, dental hygienists shall refer patients to licensed dentists.

A dental hygienist performing dental hygiene services without supervision as authorized in this section shall notify the patient on forms adopted by the secretary in conjunction with the dental hygiene examining committee that the services being provided are not dental services.

A dental hygienist authorized to perform dental hygiene services under this section shall require that each patient for whom the dental hygienist performs dental hygiene service establish a dentist of record within twelve months of the first appointment with the dental hygienist.

NEW SECTION. Sec. 3. A new section is added to chapter 18.29 RCW to read as follows:

(1) The department shall issue a temporary license without the examination required by this chapter to any applicant who, as determined by the secretary:

(a) Holds a valid license in another state that allows the scope of practice in subsection (3)(a) through (j) of this section;

(b) Is currently engaged in active practice in another state. For the purposes of this section, "active practice" means five hundred sixty hours of practice in the preceding eighteen months;

(c) Files with the secretary documentation certifying that the applicant:

(i) Has graduated from an accredited dental hygiene school approved by the secretary;

(ii) Has successfully completed the dental hygiene national board examination; and

(iii) Is licensed to practice in another state;

(d) Provides information as the secretary deems necessary pertaining to the conditions and criteria of the uniform disciplinary act, chapter 18.130 RCW;

(e) Demonstrates to the secretary a knowledge of Washington state law pertaining to the practice of dental hygiene, including the administration of legend drugs;

1 (f) Pays any required fees; and

2 (g) Meets requirements for AIDS education.

3 (2) The term of the temporary license issued under this section is  
4 fifteen months and it is nonrenewable.

5 (3) A person practicing with a temporary license granted under this  
6 section has the authority to perform hygiene procedures that are  
7 limited to:

8 (a) Oral inspection and measuring of periodontal pockets;

9 (b) Patient education in oral hygiene;

10 (c) Taking intra-oral and extra-oral radiographs;

11 (d) Applying topical preventive or prophylactic agents;

12 (e) Polishing and smoothing restorations;

13 (f) Oral prophylaxis and removal of deposits and stains from the  
14 surface of the teeth;

15 (g) Recording health histories;

16 (h) Taking and recording blood pressure and vital signs;

17 (i) Performing subgingival and supragingival scaling; and

18 (j) Performing root planing.

19 (4) (a) A person practicing with a temporary license granted under  
20 this section may not perform the following dental hygiene procedures  
21 unless authorized in (b) or (c) of this subsection:

22 (i) Give injections of local anesthetic;

23 (ii) Place restorations into the cavity prepared by a licensed  
24 dentist and afterwards carve, contour, and adjust contacts and  
25 occlusion of the restoration;

26 (iii) Soft tissue curettage; or

27 (iv) Administer nitrous oxide/oxygen analgesia.

28 (b) A person licensed in another state who can demonstrate  
29 substantially equivalent licensing standards in the administration of  
30 local anesthetic may receive a temporary endorsement to administer  
31 local anesthesia.

32 (c) A person licensed in another state who can demonstrate  
33 substantially equivalent licensing standards in restorative procedures  
34 may receive a temporary endorsement for restorative procedures.

35 NEW SECTION. Sec. 4. A new section is added to chapter 18.29 RCW  
36 to read as follows:

37 A person granted a temporary license under this chapter who does  
38 not meet the requirements for substantively equivalent licensing

standards in restorative or local anesthetic must submit proof of completion of approved education in these procedures before being eligible to take the dental hygiene examination.

NEW SECTION. Sec. 5. A new section is added to chapter 18.29 RCW to read as follows:

The secretary in conjunction with the dental hygiene examining committee shall develop rules and definitions to implement this chapter.

NEW SECTION. Sec. 6. A new section is added to chapter 18.29 RCW to read as follows:

Reciprocity for licensure or temporary licensure shall be granted only to persons licensed in another state that extends similar privileges of reciprocity by rule or law to persons licensed under this chapter.

NEW SECTION. Sec. 7. Section 3 of this act shall take effect January 1, 1994.

--- END ---

WASHINGTON STATE DENTAL ASSOCIATION AND WASHINGTON STATE DENTAL ASSISTING  
ASSOCIATION PROPOSAL

1 AN ACT Relating to the credentialing of dental assistants; amending  
2 RCW 18.130.040 and 18.32.030; and adding a new chapter to Title 18 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. Sec. 1. The legislature finds that requiring dental  
5 assistants to be credentialed will benefit the public and the dental  
6 health professions.

7 NEW SECTION. Sec. 2. Unless the context clearly requires  
8 otherwise, the definitions in this section apply throughout this  
9 chapter.

10 (1) "Board" means the state board of dental examiners created in  
11 RCW 18.32.035.

12 (2) "Credential" means the license or certificate issued to a  
13 person.

14 (3) "Dental assistant" means a person not licensed as a dentist or  
15 dental hygienist who performs certain acts of dentistry under the  
16 supervision of a dentist. The two levels of dental assistant are (a)  
17 "certified dental assistant," a person certified under this chapter;

1 and (b) "licensed dental assistant," a person licensed under this  
2 chapter.

3 (4) "Department" means the department of health.

4 (5) "Secretary" means the secretary of health or the secretary's  
5 designee.

6 NEW SECTION. Sec. 3. (1) The two levels of professional  
7 credentialing are certification and licensure as defined in chapter  
8 18.120 RCW.

9 (2) No person may represent oneself as a certified dental assistant  
10 or use any title or description of services without applying for  
11 certification, meeting the required qualifications, and being certified  
12 by the department of health, unless otherwise exempted by this chapter.

13 (3) No person may represent oneself as a licensed dental assistant,  
14 use any title or description of services, or engage in any practice  
15 without applying for licensure, meeting the required qualifications,  
16 and being licensed by the department of health, unless otherwise  
17 exempted by this chapter.

18 NEW SECTION. Sec. 4. Nothing in this chapter shall be construed  
19 to prohibit or restrict:

20 (1) The practice by an individual licensed or certified under the  
21 laws of this state and performing services within the authorized scope  
22 of practice;

23 (2) The practice by an individual employed by the government of the  
24 United States while engaged in the performance of duties prescribed by  
25 the laws of the United States; or

26 (3) The practice by a person who is a regular student in an  
27 educational program approved by the board, and whose performance of  
28 services is pursuant to a regular course of instruction or assignments  
29 from an instructor and under the general supervision of the instructor.

30 NEW SECTION. Sec. 5. In addition to other authority provided by  
31 law, the secretary has the authority to:

32 (1) Set all certification, licensing, and renewal fees in  
33 accordance with RCW 43.70.250 and to collect and deposit the fees in to  
34 the health professions account established under RCW 43.70.320;

35 (2) Establish forms and procedures necessary to administer this  
36 chapter;

(3) Hire clerical, administrative, and investigative staff as needed to implement this chapter;

(4) Issue a certificate to an applicant who has met the education, training, and conduct requirements for certification;

(5) Issue a license to an applicant who has met the education, training, and conduct requirements for licensure;

(6) Maintain the official record for the department of all applicants and persons certified or licensed under this chapter;

(7) Deny credentialing to an applicant who fails to meet the requirement for certification or licensure; and

(8) Adopt rules to implement the provisions of this chapter.

NEW SECTION. Sec. 6. In addition to other authority provided by law, the state board of dental examiners has authority to:

(1) Determine minimum education requirements and approve training programs for dental assistants;

(2) Prepare, grade, and administer, or determine the nature of and supervise the grading and administration of, examinations or training for applicants for certification and licensure;

(3) Define and approve experience requirements for certification and licensing of dental assistants; and

(4) Adopt rules to implement the credentialing provisions of this chapter.

NEW SECTION. Sec. 7. The secretary shall keep an official record of all proceedings. A part of the record shall consist of a register of all applicants for credentialing under this chapter and the results of each application.

NEW SECTION. Sec. 8. (1) The secretary shall issue a certificate to an applicant who demonstrates to the secretary's satisfaction that the following requirements have been met:

(a) Graduation from an approved education program or completion of training requirements meeting criteria established by the board;

(b) Successful completion of an approved examination;

(c) Successful completion of experience requirements established by the board; and

(d) Certification by a national dental assisting credentialing organization approved by the board.

(2) In addition, applicants are subject to the grounds for denial of certification under chapter 18.130 RCW.

(3) Applicants for certification must meet standards of proficiency as determined by the board, including basic first aid and cardiopulmonary resuscitation, infection control, and dental radiology.

NEW SECTION. Sec. 9. Dental assistants may be licensed to practice any or all of the following:

(1) Under the close supervision of a dentist place restorative material into a cavity prepared by the dentist and thereafter carve, contour, and adjust contacts and occlusions of the restoration and cement or recement stainless steel crowns;

(2) Under the close supervision of a dentist give oral injections of local anesthetic; and

(3) Under the close supervision of a dentist, perform tooth scaling and polishing on patients with either periodontally healthy mouths or localized plaque induced gingivitis and exhibiting no significant complicating systemic medical disease or disorder.

NEW SECTION. Sec. 10. (1) The board shall issue a license to an applicant who demonstrates to the board's satisfaction that the following requirements have been met:

(a) Graduation from an educational program approved by the board;

(b) Successful completion of an approved examination; and

(c) Prior practice as a certified dental assistant.

(2) In addition, applicants are subject to the grounds for denial of a license under chapter 18.130 RCW.

(3) Applicants for licensure must meet standards of proficiency as determined by the board in infection control and dental radiology.

NEW SECTION. Sec. 11. The board shall establish by rule the standards and procedures for approval of educational programs. The board may utilize or contract with individuals or organizations having expertise in the profession or in education to assist in the evaluations. The board shall establish by rule the standards and procedures for revocation of approval of education programs. The standards and procedures adopted shall apply equally to educational programs and training in the United States and in foreign

1 jurisdictions. The secretary may establish a fee for educational  
2 program evaluations.

3 NEW SECTION. Sec. 12. (1) The date and location of examinations  
4 shall be established by the board. Applicants who have been found by  
5 the board to meet requirements for licensure shall be scheduled for the  
6 next examination following the filing of the application. The board  
7 shall establish by rule the examination application deadline.

8 (2) The board or the board's designee shall examine each applicant,  
9 by means determined most effective on subjects appropriate to the scope  
10 of practice. Examinations shall be limited to the purpose of  
11 determining whether the applicant possesses the minimum skill and  
12 knowledge necessary to practice competently.

13 (3) The examination papers, all grading of the papers, and the  
14 grading of any practical work shall be preserved for a period of not  
15 less than one year after the board has made and published the  
16 decisions. All examinations shall be conducted under fair and wholly  
17 impartial methods.

18 (4) Any applicant failing to make the required grade in the first  
19 examination may take up to three subsequent examinations upon prepaying  
20 a fee determined by the secretary under RCW 43.70.250 for each  
21 subsequent examination. Upon failing four examinations, the board may  
22 invalidate the original application and require remedial education  
23 before the person may take future examinations.

24 (5) The board may approve an examination prepared or administered  
25 by a private testing agency or association of licensing agencies for  
26 use by an applicant in meeting the credentialing requirements.

27 NEW SECTION. Sec. 13. Applications for credentialing shall be  
28 submitted on forms provided by the secretary. The secretary may  
29 require any information and documentation that reasonably relates to  
30 the need to determine if the applicant meets the criteria for  
31 credentialing provided in this chapter and chapter 18.130 RCW. Each  
32 applicant shall pay a fee determined by the secretary under RCW  
33 43.70.250. The fee shall accompany the application.

34 NEW SECTION. Sec. 14. The secretary shall establish by rule the  
35 procedural requirements and fees for renewal of a credential. Failure  
36 to renew shall invalidate the credential and all privileges granted by

1 the credential. If a license has lapsed for a period longer than three  
2 years, the person shall demonstrate competence to the satisfaction of  
3 the board by taking continuing education courses or meeting other  
4 standards determined by the board.

5 NEW SECTION. Sec. 15. The uniform disciplinary act, chapter  
6 18.130 RCW, governs the issuance and denial of credentials,  
7 unauthorized practice, and the discipline of persons credentialed under  
8 this chapter. The dental disciplinary board shall be the disciplining  
9 authority under this chapter.

10 Sec. 16. RCW 18.130.040 and 1993 c 367 s 4 are each amended to  
11 read as follows:

12 (1) This chapter applies only to the secretary and the boards  
13 having jurisdiction in relation to the professions licensed under the  
14 chapters specified in this section. This chapter does not apply to any  
15 business or profession not licensed under the chapters specified in  
16 this section.

17 (2) (a) The secretary has authority under this chapter in relation  
18 to the following professions:

19 (i) Dispensing opticians licensed under chapter 18.34 RCW;  
20 (ii) Naturopaths licensed under chapter 18.36A RCW;  
21 (iii) Midwives licensed under chapter 18.50 RCW;  
22 (iv) Ocularists licensed under chapter 18.55 RCW;  
23 (v) Massage operators and businesses licensed under chapter 18.108  
24 RCW;

25 (vi) Dental hygienists licensed under chapter 18.29 RCW;  
26 (vii) Acupuncturists certified under chapter 18.06 RCW;  
27 (viii) Radiologic technologists certified under chapter 18.84 RCW;  
28 (ix) Respiratory care practitioners certified under chapter 18.89  
29 RCW;

30 (x) Persons registered or certified under chapter 18.19 RCW;  
31 (xi) Persons registered as nursing pool operators;  
32 (xii) Nursing assistants registered or certified under chapter  
33 18.88A RCW;

34 (xiii) Health care assistants certified under chapter 18.135 RCW;  
35 (xiv) Dietitians and nutritionists certified under chapter 18.138  
36 RCW;

1 (xv) Sex offender treatment providers certified under chapter  
2 18.155 RCW; and  
3 (xvi) Persons licensed and certified under chapter 18.73 RCW or RCW  
4 18.71.205.  
5 (b) The boards having authority under this chapter are as follows:  
6 (i) The podiatric medical board as established in chapter 18.22  
7 RCW;  
8 (ii) The chiropractic disciplinary board as established in chapter  
9 18.26 RCW governing licenses issued under chapter 18.25 RCW;  
10 (iii) The dental disciplinary board as established in chapter 18.32  
11 RCW and governing licenses and certifications under chapter 18.-- RCW  
12 (sections 1 through 15 of this act);  
13 (iv) The ~~((council on))~~ board on fitting and dispensing of hearing  
14 aids as established in chapter 18.35 RCW;  
15 (v) The board of funeral directors and embalmers as established in  
16 chapter 18.39 RCW;  
17 (vi) The board of examiners for nursing home administrators as  
18 established in chapter 18.52 RCW;  
19 (vii) The optometry board as established in chapter 18.54 RCW  
20 governing licenses issued under chapter 18.53 RCW;  
21 (viii) The board of osteopathic medicine and surgery as established  
22 in chapter 18.57 RCW governing licenses issued under chapters 18.57 and  
23 18.57A RCW;  
24 (ix) The board of pharmacy as established in chapter 18.64 RCW  
25 governing licenses issued under chapters 18.64 and 18.64A RCW;  
26 (x) The medical disciplinary board as established in chapter 18.72  
27 RCW governing licenses and registrations issued under chapters 18.71  
28 and 18.71A RCW;  
29 (xi) The board of physical therapy as established in chapter 18.74  
30 RCW;  
31 (xii) The board of occupational therapy practice as established in  
32 chapter 18.59 RCW;  
33 (xiii) The board of practical nursing as established in chapter  
34 18.78 RCW;  
35 (xiv) The examining board of psychology and its disciplinary  
36 committee as established in chapter 18.83 RCW;  
37 (xv) The board of nursing as established in chapter 18.88 RCW; and  
38 (xvi) The veterinary board of governors as established in chapter  
39 18.92 RCW.

(3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses based on the conditions and criteria established in this chapter and the chapters specified in subsection (2) of this section. However, the board of chiropractic examiners has authority over issuance and denial of licenses provided for in chapter 18.25 RCW, the board of dental examiners has authority over issuance and denial of licenses provided for in RCW 18.32.040, and the board of medical examiners has authority over issuance and denial of licenses and registrations provided for in chapters 18.71 and 18.71A RCW. This chapter also governs any investigation, hearing, or proceeding relating to denial of licensure or issuance of a license conditioned on the applicant's compliance with an order entered pursuant to RCW 18.130.160 by the disciplining authority.

Sec. 17. RCW 18.32.030 and 1991 c 3 s 59 are each amended to read as follows:

The following practices, acts, and operations are excepted from the operation of the provisions of this chapter:

(1) The rendering of dental relief in emergency cases in the practice of his or her profession by a physician or surgeon, licensed as such and registered under the laws of this state, unless the physician or surgeon undertakes to or does reproduce lost parts of the human teeth in the mouth or to restore or to replace in the human mouth lost or missing teeth;

(2) The practice of dentistry in the discharge of official duties by dentists in the United States federal services on federal reservations, including but not limited to the armed services, coast guard, public health service, veterans' bureau, or bureau of Indian affairs;

(3) Dental schools or colleges approved under RCW 18.32.040, and the practice of dentistry by students in Washington state dental schools or colleges approved by the board, when acting under the direction and supervision of Washington state-licensed dental school faculty;

(4) The practice of dentistry by licensed dentists of other states or countries while appearing as clinicians at meetings of the Washington state dental association, or component parts thereof, or at

1 meetings sanctioned by them, or other groups approved by the board of  
2 dental examiners;

3 (5) The use of roentgen and other rays for making radiographs or  
4 similar records of dental or oral tissues, under the supervision of a  
5 licensed dentist or physician;

6 (6) The making, repairing, altering, or supplying of artificial  
7 restorations, substitutions, appliances, or materials for the  
8 correction of disease, loss, deformity, malposition, dislocation,  
9 fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or  
10 associated tissues or parts; providing the same are made, repaired,  
11 altered, or supplied pursuant to the written instructions and order of  
12 a licensed dentist which may be accompanied by casts, models, or  
13 impressions furnished by the dentist, and the prescriptions shall be  
14 retained and filed for a period of not less than three years and shall  
15 be available to and subject to the examination of the secretary or the  
16 secretary's authorized representatives;

17 (7) The removal of deposits and stains from the surfaces of the  
18 teeth, the application of topical preventative or prophylactic agents,  
19 and the polishing and smoothing of restorations, when performed or  
20 prescribed by a dental hygienist licensed under the laws of this state;

21 (8) A qualified and licensed physician and surgeon extracting teeth  
22 or performing oral surgery pursuant to the scope of practice under  
23 chapter 18.71 or 18.57 RCW;

24 (9) The performing of dental operations or services by persons not  
25 licensed under this chapter when performed under the supervision of a  
26 licensed dentist: PROVIDED HOWEVER, That such nonlicensed person shall  
27 in no event perform the following dental operations or services unless  
28 permitted to be performed by the person under this chapter or chapters  
29 18.29, 18.57, 18.71, and 18.88 RCW or under rules adopted by the state  
30 board of dental examiners under chapter 18.-- RCW (sections 1 through  
31 15 of this act):

32 (a) Any removal of or addition to the hard or soft tissue of the  
33 oral cavity;

34 (b) Any diagnosis of or prescription for treatment of disease,  
35 pain, deformity, deficiency, injury, or physical condition of the human  
36 teeth or jaws, or adjacent structure;

37 (c) Any administration of general or injected local anaesthetic of  
38 any nature in connection with a dental operation, including intravenous  
39 sedation;

1 (d) Any oral prophylaxis;

2 (e) The taking of any impressions of the teeth or jaw or the  
3 relationships of the teeth or jaws, for the purpose of fabricating any  
4 intra-oral restoration, appliance, or prosthesis.

5 NEW SECTION. Sec. 18. Sections 1 through 15 of this act shall  
6 constitute a new chapter in Title 18 RCW.

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